

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10687460  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		2					53								
4		2					54								
5	1						55								
6	1						56								
7	1						57								
8	1						58								
9	1						59								
10		2					60								
11		2					61								
12		2					62								
13		2					63								
14		2					64								
15		2					65								
16	1						66								
17	1						67								
18							68								
19							69								
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39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	8						TOTAL IND.								
TOTAL DEP.	19						TOTAL DEP.								
TOTAL CLAIMS	28						TOTAL CLAIMS								